REQUEST FORM FOR AIR TICKET BOOKING

(Request form should be filled and sent the soft copy 15 days before the date of the journey to aracad@nitt.edu.)

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Degree	:	UG/PG/M.S./Ph.D.
Department	:	
Specialization	:	
Purpose of Claim	:	Comprehensive Viva-Voce / BoS / Academic Audit / Project Viva-Voce / DC Meeting / GTC Meeting / Public Viva-Voce /Design Review / other (specify)
Date & Time of Exam / Meeting	:	
Name of the Faculty in charge/ Guide (s)	:	
Faculty Phone No	:	
Faculty E-Mail ID	:	
Roll No of the Students	:	

EXAMINER'S DETAILS FOR BOOKING AIR TICKETS

Examiner Name	
Designation	
Department	
Phone No	
E-Mail ID	
Institute Name	
Institute Address	

ITENARY DETAILS

Onward Journey:

From_____to Trichy airport

S.No.	DATE	TIME	FROM	TO	PREFFERED FLIGHT No.
1					
2					

Return Journey:

From Trichy Airport to _____

S.No.	DATE	TIME	FROM	TO	PREFFERED FLIGHT No.
1					
2					

* Boarding passes/self-declaration along with the claims for remuneration should be submitted within 2 days after the journey for further processing.

Self-declaration Certificate in lieu of Boarding Pass

I_____Designation_____working in_____hereby declare and certify that:

1. I have misplaced my Boarding Pass and do not have a digital/physical copy.

2. I have actually performed the onward journey from_____to NITT Tiruchirappalli on_____(date) using the air ticket purchased by NITT /by me vide PNRNo dated_____. Issued by_____. (Name of Airlines Company/Authorised Agency).

3. I have actually performed the return journey on Tour from NITT Tiruchirappalli to _____on_____(date) using the air ticket vide PNR No._____dated_____Issued by_____(Name of Airlines Company/Authorised Agency).

4. I further declare that I have neither claimed nor will claim part or full of this claim for this journey from any other source.

5. In case the above declaration given by me is not found true at any stage, I will refund the sum along with penal interest thereon as per the Government of India Norms.

Signature with date	:	**(Affix revenue stamp if the total claim is Rs. 5000/- and above)**
Name	:	
Designation	:	
Name of the organization and address	:	

Countersigned by

Guide / Faculty in Charge   **Head of the Department**